

# ACKNOWLEDGEMENT OF RECEIPT

Attachment for Psychiatric Program License Application

I \_\_\_\_\_ acknowledge the receipt of:

1. Sections 100a-100d; 134-150; 400-498t; 700-788; and 946 of the Mental Health Code (1974 PA 258 as amended).
2. Psychiatric Program Licensure Rules: Rules 330.1201-330.1299; Rules 330.4011-330.4089; Rules 330.4501-330.4661; and Rules 330.7001-330.7260

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospital/Applicant Name

Completed form should be returned with your license application packet.